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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

10/757,705

Filing Date

01/14/2004

First Named Inventor

John C. Miller

Art Unit

Examiner Name

Attorney Docket Number

5118-05

### ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/  
Incomplete Application

☐

Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a  
Provisional Application

☒

Power of Attorney, Revocation  
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board  
of Appeals and Interferences

☐

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify  
below):

Remarks

Two forms, one from each of the two inventors.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

The Law Office of Joan I. Norek

Signature

Printed name

Joan I. Norek

Date

08/18/2005

Reg. No.

27,365

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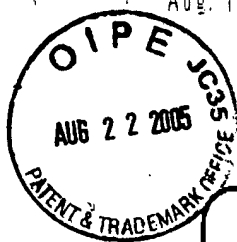
Joan I. Norek

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08/18/2005

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0038

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ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10757,705
Filing Date	01/14/2004
First Named Inventor	John C. Miller
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

4011

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

4011

OR

<input type="checkbox"/> Firm or Individual Name	Joan I. Norek (Reg. No. 27,365), The Law Office of Joan I. Norek				
Address	180 N. LaSalle, Suite 1800				
City	Chicago	State	IL	Zip	60601
Country	USA				
Telephone	312/419-8055	Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

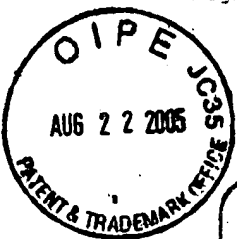
Signature	<i>Deborah L. Miller</i>		
Name	Deborah L. Miller		
Date	8/15/05	Telephone	559-250-9484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (04-05)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/757,705
Filing Date	01/14/2004
First Named Inventor	John C. Miller
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

4011

OR

<input type="checkbox"/> Firm or Individual Name	Joan I. Norek (Reg. No. 27,365), The Law Office of Joan I. Norek				
Address	180 N. LaSalle, Suite 1800				
City	Chicago	State	IL	Zip	60601
Country	USA				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	John C. Miller		
Date	8/15/05	Telephone	559-259-6012

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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